- م	٠,	·							1	10/	286	5//	<u> </u>		
	<del>.</del>	PATENT APPLICATION FEE DETERMINATION RECOR								Application or Docket Number  10085110					
			nn 2)		SMALL ENTITY			OTHER THAN OR SMALL ENTITY							
	TOTAL CLAIMS			17				R	ATE	FEE	]	RATE	FEE		
	FOR			NUMBER FILED		NUMBER EXTRA		BAS	IC FEE	370.00	OR	BASIC FEE	740.00		
	TOTAL CHARGEABLE CLAIMS			(7 minus 20=		. 0		×	5 9=		OR	X\$18=			
	INDEPENDENT CLAIMS			3 minus 3 =		٠ ٥		×	42=		OR	X84=			
	MULTIPLE DEPENDENT CLAIM PRESENT							+1	40=		OR	+280=			
1	If the difference in column 1 is less than zero				iro, ente	o, enter "0" in column 2			TAL		OR	TOTAL	>40		
1		Ac	(Column 1)	MENDED - PART II  (Column 2) (Column 3)			SN	IALL	ENTITY	OR	OTHER SMALL S				
	AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	REST BER OUSLY FOR	PRESENT EXTRA	. RAT	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	NON	Total	. 19	Minus	-03	0	•		9=		OR	X\$18=			
	AME	Independent	• 3 NTATION OF MI	Minus	***	3	-/	×	42=		OR	X84=			
	L.	I MOI PRESE	MANUA OF MI	JUNE US	ENDEN	COMM	/	,,÷1	40=		OR	+280=			
									TOTAL T. FEE		OR	TOTAL ADDIT. FEE			
	(Column 1) (Column 1) CLAIMS NIGHES						(Column 3)	1 -	·			<u> </u>	,		
	AMENDMENT B		REMAINING AFTER AMENDMENT		NUN PREVI	ABER OUSLY FOR	PRESENT EXTRA	R	ÀTE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE		
	NOR	Total	.27	Minus	"	20	- 7	×	\$ 9=		OR	50 X\$18=	350		
	AME	independent	NTATION OF M	Minus	PENDEN	3 TCI AIM	-2	X	42=		OR	200 1884=	400		
	<b>L</b>	FIRST PRESENTATION OF MULTIPLE DEPEND				TOOM		, ,	40=		OR	+280=			
-									TOTAL T. FEE		OR	TOTAL ADDIT. FEE	750		
		(Column 1) (Column 2) (Column 3)									_				
	ENTC		CLAIMS REMAINING AFTER AMENDMENT		PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Minus

Minus

ADDITIONAL
FEE

X\$ 9= OR X\$18=

X42= OR X84=

+140= OR +280=

TOTAL
ADDIT. FEE

OR ADDITOTAL
ADDIT. FEE

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-475 (Rev. 8/01)

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**Total** 

Independent

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